

May 17, 2017

VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, DC 20554

Re: WC Docket No. 16-233

2017 Common Carrier Annual Employment Report

Silver Star Telephone Company, Inc.

CONFIDENTIAL - PURSUANT TO 47 CFR § 0.459(a)

Dear Ms. Dortch:

Submitted herewith are copies of the redacted version and confidential portions of the 2017 Common Carrier Annual Employment Report — FCC Form 395 for Silver Star Telephone Company, Inc. Confidential treatment is requested pursuant to 47 CFR § 0.459(a), under Section 709, Title VII of the Civil Rights Act of 1964, as amended.

The redacted version of the report is filed via the FCC's ECFS, as noted above.

Please direct any questions about this filing to me at the phone number below or by email to: mamotzkus@silverstar.net.

Sincerely.

Michelle Motzkus

Legal & Regulatory Administrator

307-883-6690

Enclosures

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## REDACTED

Confidential Information
Pursuant to 47 CFR § 0.459(a)

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

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SECTION 1 - General Inform	atlon																
1. Name and Mailing Address	s of Res	pondent															
Silver Star Telephone Company, Inc. 104101 Hwy 89 Freedom, WY 83120														Check here if this is a change of address.			
2. Year Report Filed		3. Reporting	Period (End	ing Date of Pa	ay			f Full-Time En									
0017				h 31 20				Reporting Period (check one):  a. Fewer than 16 (complete Sections I, IV, and V only)  b. 16 or more (complete all sections)									
SECTION II - Full-Time Emp	loyees.																
		Number of Employees (Report employees in only one category)															
Job Categories		Race/Ethnlcity															
			anic or		Not-Hispanic or Latino												
		Latino		Male						Female					Columns A - N		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawalian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	^ '	
		Α	В	С	D	E	F	G	н	ı	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals	1.1																
Technicians	3																
Sales Workers	4																
Administrative Support Workers	5																
Craft Workers	6																
Operatives	7																
Laborers and Helpers	8																
Service Workers	9																
TOTAL	10																
PREVIOUS YEAR TOTAL	11																

SECTION III - Part-Time Emplo	yees.															
	Number of Employees (Report employees in only one category)  Race/Ethnicity															
Job																
Categories		Hispanic or		Not-Hispanic or Latino												
	Latino		Male						Female							
	Male	Female	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
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Executive/Senior Level Officials and Managers	.1															
First/Mid-Level Officials and Managers 1	.2															
Professionals	2															
Technicians	3															
Sales Workers	4															
Administrative Support Workers	5															
Craft Workers	6															
Operatives	7															
Laborers and Helpers	8															
Service Workers	9															
TOTAL	0															
PREVIOUS YEAR TOTAL	11															
SECTION IV - Report of Discrin	nination Comp	olaints Pursua	ant to 47 CFF	22.321, 23.5	55, 90.168 <u>, 10</u>	1.4, and 101.	311.									
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.																
This is to advise the (Attach a list indicat																
SECTION V - Certification																
I certify that to the best of my known	wledge, inform	ation, and bel	ief, all statem	ants in this re	port are true a	nd correct.										
Ι.	ped or Printed		on Signing			Signature				-		Telephone N		_		
	Ron B. M	IcCue				15	con	D.	Me	Club		` ′	383-667			
Title of Person Signing President				OF ANY ST	FALSE STAT ATION LICEN	SE OR CON	ADE ON THIS STRUCTION	FORM ARE PERMIT (47	PUNISHABL U.S.C. 312 (A	E BY FINE A (1) AND/OR	ND/OR IMPRI FORFEITUR	SONMENT (1 E (47 U.S.C.	8 U.S.C. 100 503).	1) AND/OR R	EVOCATION	
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